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ABSTRACT

This report examines the Way to Grow (WTG) school readiness program, which is designed to promote healthy development and school readiness of Minnesota children from birth through age 6 by coordinating and improving access to community-based health, education, and social services. This pilot program began in fiscal year 1990 and was being implemented in five communities in 1993, including Minneapolis, St. Paul-Frogtown, Columbia Heights, St. Cloud, and Winona. The main features and funding levels of the five programs are discussed. An evaluation of the five programs is also described, noting that: the vast majority of parents considered WTG to be beneficial to their families; the program increased levels of parent involvement in school activities; and use of child health and developmental screening increased. The report recommends that the WTG program be expanded beyond a pilot program, with increased state funding. It also calls for increased interagency collaboration, the creation of multidisciplinary advisory councils for each program, and a sensitivity to cultural differences and accessibility. (MDM)

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ED 376 952

A Report to the Minnesota Legislature

on the

Way To Grow/School Readiness Program

Submitted by the

Way to Grow Advisory Committee

and the

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January 15, 1993

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Way to Grow/School Readiness Program

Introduction

The Way to Grow/School Readiness program (WTG) is intended "to promote intellectual, social, emotional, and physical development and school readiness of children prebirth to age six by coordinating and improving access to community-based and neighborhood-based services that support and assist all parents in meeting the health and developmental needs of their children at the earliest possible age" (Minnesota Statutes 1990, section 145.926). Two distinctive and important characteristics of Way to Grow are the facts that it starts very early (prenatally and in infancy) to prevent later, more costly problems for children and that it is for all young children, recognizing that all children need an early healthy start.

The first Way to Grow program began in Minneapolis in 1989, the St. Paul-Frogtown and Columbia Heights programs began in 1990, and the St. Cloud and Winona programs began in 1991. The opportunity to experiment with the Way to Grow program concept in five diverse sites in urban, suburban, and rural areas of Minnesota has provided extensive insights as to how the program might be expanded statewide.

Way to Grow legislation requires that the Way to Grow Advisory Committee shall submit an evaluation report to the Minnesota Legislature by January 15, 1993 and shall make recommendations for establishing successful Way to Grow programs in unserved areas of the state. This report is intended to meet that requirement. The report provides a brief overview of the program and each of the five Way to Grow program sites, a summary of key evaluation data obtained from the five programs, a list of lessons learned from these programs, and recommendations for program expansion and future funding based on these lessons.

Program Components

Way to Grow acts as a catalyst for local service providers to assess community needs and the efficiency of their delivery systems. Based on this assessment, neighborhood- or community-based strategies are designed to link young children and their parents to needed services, empowering them in the process.

Way to Grow is a method of delivering services in a coordinated manner to the extent and intensity needed to meet identified child and family needs and promote school readiness. The diagram attached at the end of this report illustrates the kinds of linkages made between families and needed services by Way to Grow programs. Way to Grow strategies for coordinating existing services provide opportunities for testing new assumptions about methods of service delivery intended to maximize available resources without duplicating services.

Required Characteristics

- Universal access to services for families with children prebirth to six years old with increasing services based on need
- Collaboration and coordination of a continuum of services, building on existing services
- Strategic outreach to neighborhood/community pregnant women and families with young children
- Neighborhood oriented, culturally specific social support, information, outreach,

and other programs for children and parents
- Staff training

Core Program Strategies for Children and Parents
- Home visitors as links between families and needed services
- Neighborhood- or community-based family resource centers or interdisciplinary resource teams
- Teaming professionals and paraprofessionals

Appropriation of Funds to Way to Grow Grantees

The 1989 Legislature approved the Way to Grow pilot programs and appropriated a total of $850,000 to the State Planning Agency that was distributed to Minneapolis and two other metropolitan programs. In 1990, $100,000 was appropriated for grants to eligible applicants located outside the seven-county metropolitan area. In 1991, $950,000 was appropriated for funding the five existing programs at their current level until June 30, 1993.

The program grants for F.Y. 1990 through F.Y. 1993 are as follows:

Program ($ in 000s)	F.Y. 1990	F.Y. 1991	F.Y. 1992	F.Y. 1993
Minneapolis	$350	-----	$175	$175
St. Paul-Frogtown	$250	-----	$125	$125
Columbia Heights	$250	-----	$125	$125
St. Cloud	-----	$50	$25	$25
Winona	-----	$50	$25	$25
Totals	$850	$100	$475	$475

Most of the recipients of Way to Grow funds were well established providers, primarily Early Childhood Family Education (ECFE) programs. These providers had identified several of the most pressing problems facing families in their community that required more intensive strategies than they could provide with their basic funding. Way to Grow funds allowed them to implement the more intensive strategies needed by building upon an existing structure. In most cases, the problems identified were found at greater numbers in low-income families and low-income neighborhoods. While some Way to Grow programs address community needs through small scale direct services, most programs work with other service providers to address identified needs.

Description of Five Way To Grow Programs

Minneapolis

Geographic area and target population

The Minneapolis WTG program plan calls for the establishment of community service cooperatives in each of the eleven Minneapolis communities by 1996. Four are currently established in the following neighborhoods.

- Phillips--south of downtown Minneapolis, Phillips neighborhood faces serious problems including:
  -For every 1000 babies born approximately 17.2 die, almost double the national rate,

-Only 31.7% of pregnant women receive any prenatal care during the first three months of pregnancy, and
-More than 31% of Phillips residents live below the national poverty level.

- Near North--a neighborhood with the loss of its large-employer base, a growing population of very poor people, movement of moderate income families to other neighborhoods, a diminishing neighborhood business sector, and weakened extended family networks.
- Camden--a neighborhood undergoing high transition, made up of low to moderate income working families with an increase in ethnic diversity.
- Powderhorn--a community including eight Minneapolis neighborhoods (Whittier, Lyndale, Central, Powderhorn Park, Corcoran, Bryant, Bancroft, and Standish). Powderhorn community's strength and vulnerability is the diverse nature of its people and institutions. Powderhorn shares in the high statistics on low-birth weights and infant mortality as well as households with a diverse family structure.

Characteristics

- Community organization and ownership--goes beyond collaboration
- Community service cooperatives in Minneapolis neighborhoods advised by a collaborative body--4 in place, total of 11 planned. Connected to:
  - -An existing lead community agency
  - -A corporate sponsor
  - -A health sponsor

  Each has unique characteristics and programs. Emphasis is on mutually beneficial partnerships
- Each cooperative linked to public health nursing through the City Health Department and parent-child education through Early Childhood Family Education, Minneapolis Public Schools
- Leverage of other funds and resources
- Part of City of Minneapolis Youth Coordinating Board

Services

- Paraprofessional home visits as a link to needed child/family services
- Intensive training and ongoing supervision of home visitors
- Drop-in sessions/regular parenting classes at neighborhood sites
- Coordination of neighborhood health and social services

St. Paul

Geographic area and target population

Frogtown Family Resource Center's target neighborhood is the Thomas-Dale Planning District in St. Paul bound by Lexington Avenue and 35E, Interstate 94 and Minnehaha Avenue. Frogtown is a racially diverse community. Once populated by families of Eastern European descent, it is now Hmong American, Hispanic American, Native American, and African American as well as European American. According to the 1990 census, Frogtown has the highest rate of poverty in the city of St. Paul for children under age five (over 75%) and one of the densest populations of children under age five (60 or more per 100 families).

Characteristics

- Neighborhood-based family resource center
- Multicultural neighborhood and staff, ongoing staff communication and training
- Strong philosophy of participant empowerment, respect for participants and their strengths
- Collaboration, leverage of other funds and resources
- Part of Early Childhood Family Education, St. Paul Public Schools

Services

- Home visits
- Drop-in sessions at storefront neighborhood family resource center

- Parent education and support groups at family resource center
- Family literacy program including General Educational Development (GED) preparation and English as a Second Language (ESL) classes at family resource center

Columbia Heights

Geographic area and target population

Columbia Heights is a first-ring Minneapolis suburb, bordering the northeast section of Minneapolis. The Columbia Heights school district encompasses six square miles, is almost entirely developed, and is one of the more densely populated areas of Anoka County. In 1992 over 30% of all Columbia Heights school district children ages 0 to 4 were in families receiving Aid to Families With Dependent Children (AFDC).

Characteristics

- Way to Grow House in the community
- Collaboration with school district teen parent program, school district Early Childhood Screening, neighborhood family child care providers, and Head Start
- Part of Early Childhood Family Education, Columbia Heights Public Schools

Services

- Home visits, especially to teen parents
- Drop-in sessions
- Parent classes for Head Start parents
- Sessions for family child care providers
- On-site Early Childhood Screening
- Work with community hospitals prenatally and postnatally
- Prekindergarten classes for 3-5 year olds two days per week

St. Cloud

Geographic area and target population

St. Cloud WTG targets neighborhoods with low-income housing complexes housing approximately 100 families. Many of the families in these complexes are single parent families with poor school experiences, reports of child neglect and abuse, and no transportation.

Characteristics

- Located in low-income housing complexes, group health and mental health centers, and St. Cloud Technical College
- Collaboration with adult literacy services, county social service and health agencies, community mental health center, and St. Cloud Technical College
- Part of Early Childhood Family Education, St. Cloud Public Schools

Services

- Home visits
- Parent-child groups
- Field trips and special events
- Adult literacy partnership

Winona

Geographic area and target population

Winona WTG grew out of the successful Winona School District Early Childhood Family Education program that served over 1800 parents in 1991-92, 53% who were low-income. Many of these families showed an increasing number of multiple risk factors; many more families were not being reached. Winona WTG targets these families, families likely to be at risk for abuse, neglect, and school failure.

Characteristics

- Home visits as core service
- Emphasis on staff and parent empowerment

- Community collaboration in service delivery, leverage of other funds and resources
- Part of Early Childhood Family Education, Winona Public Schools

Services

- Paraprofessional home visitors
- Intensive training and ongoing supervision of home visitors
- Parent education and support groups, teen parent support group
- Family literacy classes, ESL summer school for families
- Neighborhood parent-child play groups

Way To Grow Advisory Committee

The statewide Way To Grow Advisory Committee, established in accordance with the legislation when the program began, continues to meet on a regular basis at least four times per year with staff from the five WTG programs. Along with regular program updates, these meetings provide participants an opportunity to discuss further program development and program evaluation. The content of this report was developed and reviewed by this group.

Program Evaluation Data

Participation of Parents and Children

Total participation in the five WTG programs:

F.Y. 1991: 2,327 parents and children
F.Y. 1992: 3,376 parents and children
Projected for F.Y. 1993: 3, 627 parents and children

The following stories of specific service to families add a personal dimension to the numbers of parents and children served.

A typical pregnant mom referred to a Minneapolis WTG program is contacted by a home visitor who helps her schedule a prenatal care appointment at a convenient, culturally sensitive clinic. Before the appointment, the home visitor helps the mother develop questions for the physician regarding tests and nutritional needs. At the time of the appointment, the mother is helped with transportation and child care if she needs it. As time goes on, the mother learns more about her role as an important teacher in her child's development and is connected to social services by the home visitor to meet her needs and those of her child. Through these support services, the parent gains more confidence in the skills that she has which in turn increases her ability to support her child's development.

A 14 year old African-American girl whose mother was dead and her father in prison, living in a middle class African-American family under the supervision of county social services, was referred to WTG when she was four months pregnant. A home visitor was assigned to work with the pregnant teen. She was at first unwilling to follow medical advice, angry, stubborn, and defiant toward authority figures, especially her foster mother. The home visitor began to build a relationship with the teen with the goal of establishing trust so the teen would accept some guidance, begin to reconnect to a social network, and prepare herself for motherhood. During the first several weeks, the home visitor met with the teen at school and at home at least once a week, making a point of giving her books on childbirth and child rearing and stressing the consequences of not following medical advice. After four weeks, the teen began to accept some of the home visitor's and doctor's advice and began attending childbirth preparation classes. She also started her freshman year of high school, staying in school right up to her baby's birth.

She broke off her relationship with the baby's 28 year old father, improved her relationship with her foster parents, and began to reestablish ties with two sisters in other foster homes, an aunt, and a few friends. She delivered a healthy baby boy, is working hard at being a good parent, and has returned to her high school classes where she and her son are enrolled in a parenting program and in daily contact with other teen mothers of small children. She is hoping to go to nursing school and eventually support her child on her own. She continues to meet approximately one to two times a month with her WTG home visitor.

A young Vietnamese mother and her three year old daughter, living in the country nine months and isolated in the home of her older parents, enrolled in the Way to Grow program ESL summer school and neighborhood play group. Weekly home visits focused on her English skills, parenting, and adjustment to the culture. The home visitor also spent nine months helping her study for a driver's permit and license. When the mother passed both tests, she was able to drive her father's car and seek employment. She is now working at a local manufacturing company and continuing to attend adult literacy classes. For this young family, the home visitor was a bridge to the community, and the mother now confidently walks a path between the richness of her culture and the opportunities of a welcoming new country.

Two years ago the mother of two preschool children and a family child care provider was referred by the social worker responsible for licensing family day care homes to a WTG home visiting program. Since the mom had recently ended outside employment and was stranded at home without a car during weekdays, the social worker determined that she could benefit from some outside contact which included support and information about child guidance. The family received ten home visits after which the mom joined an evening parent-child class for day care providers at the nearly ECFE center. She has participated in various program activities off and on since then. During a follow-up interview last summer, the mom expressed to the home visitor her desire for her son to be in some type of preschool program, but, because of her child care responsibilities, she could not possibly get him there. Her brother also wanted his son, who she cares for, to attend a preschool program. The visitor mentioned the prekindergarten classes and informed the mom that staff were working to arrange transportation to and from these classes. After several roadblocks and delays, the WTG program finally got a van. The children are now registered for winter quarter, and the dad/uncle is going to attend a class for fathers. This family is working hard to provide a healthy, stable, and enriching environment for their children. Even though an outside observer might judge them to be functioning perfectly well, community support and services were necessary to help them achieve their goals as parents. The relationship established from the beginning between the home visitor and mom had much to do with the large measure of goodwill that the family exhibited towards the WTG program.

A mother with a two year old daughter began program involvement at the WTG site while in the process of divorcing her husband after discovering that he had been sexually abusing their daughter. The mother was new to the community and a new AFDC recipient. The WTG center and staff provided her with other supportive adults and a safe, welcoming place for her daughter to play. She subsequently participated in weekly Early Childhood Family Education classes and expressed a need for child care so she could get out occasionally and enjoy some time by herself or with other adults. She could not afford to do so on her AFDC allotment. Staff suggested forming a babysitting cooperative, and, because of the efforts of this mother, a successful cooperative has been operating for 8 months with this parent as leader.

A Way to Grow mom recently arrived at WTG's door and discreetly left two garbage bags full of what staff assumed was recycled clothing for a rummage sale or for distribution to other WTG moms and kids. Upon looking in the bag, however, staff delightedly found new toys and clothing. The mom had received Christmas packs from another source, but the clothing was too small and most of the toys were not age appropriate for her own children. When asked what the donations were for, she told WTG staff that she wanted to make sure that someone who could really use the clothing and toys got them. She gave back to WTG some of what she learned while participating in the program.

Cooperation, Coordination, and Collaboration with Other Community Programs and Organizations

Cooperation, coordination, and collaboration with other community programs and organizations have been central to all five of the WTG programs since they began. It sets the stage for school readiness efforts. Four of the five programs grew out of and are an integral part of the Early Childhood Family Education programs in their communities, and Minneapolis WTG is part of the City of Minneapolis Youth Coordinating Board. Partnerships have also been established with city and county public health nurses, county social services, community mental health services, women's shelters, Head Start, Early Childhood Special Education, adult literacy and English as a second language classes to form family literacy programs, technical colleges, and the Minnesota Extension Service. Cooperative programming and staff teaming frequently result from the coordinating efforts initiated by WTG.

Referrals to and from WTG programs are a part of cooperation and collaboration. For example, referrals to the Winona WTG program are received from school district staff, special education staff, county human services and public health nursing departments, the Women, Infants, and Children (WIC) program, food shelves, counselors, police and corrections departments, community hospitals, and local physicians. In Columbia Heights, there have been 132 referrals to the WTG program from a variety of sources during the past year, and home visitors referred 54 families to other resources.

Community organization patterns have developed and changed because of cooperation and collaboration. In Minneapolis, for example, community cooperatives have been established through convening series of dialogues over nine to twelve month periods. Through these meetings, each community chooses a lead agency to maintain the WTG community cooperative, a corporate sponsor that makes a multiyear financial and human commitment to the cooperative, and a health sponsor that acts as a chief medical resource for the cooperative.

Leverage of Funds

Leverage of other funds to expand WTG program funding and services has been one of the key outcomes of cooperative and collaborative efforts. For example:

- The St. Paul Frogtown Family Resource Center also receives funds and other resources from the Lao Family Community (a Hmong mutual assistance organization), Ramsey Action Programs Head Start, the St. Paul Indian Center, Loaves and Fishes, the Minnesota Humanities Commission, the Community Resources Program, Early Childhood Intervention Services, and Early Childhood Family Education.
- Winona County Human Services has contracted with Winona ECFE to fund three paraprofessional home visitors to work with Winona County families with elementary-age children as a result of the Winona WTG program. Funding to supplement the Winona WTG grant reflects a wide base of community support: United Way of Greater Winona, Exchange Club of Winona, Winona Area

Public School Foundation, and the Winona County Human Services and Public Health Nursing Departments.

- The Winona WTG teen parent group participates in a "Teen Mom and Tot" camp each summer funded by the Winona, Owatonna, and Rochester school districts, social service and public health departments, the Gamehaven Boy Scout Council, and the Children's Crisis Fund of Owatonna.
- The Housing and Redevelopment Authority of Columbia Heights was the key collaborator with the Columbia Heights WTG program. They provided funds and staffing to purchase a neighborhood house which became the Way to Grow House in Columbia Heights.
- Columbia Heights WTG works with county child care assistance and school district nurses, social workers, guidance counselors, administrators, and district transportation and facilities to offer a teen parent program.
- St.Cloud WTG provides jointly funded programming with community mental health centers
- In Minneapolis WTG funds were invaluable in securing funding from Honeywell, General Mills, Medica, United Way, the Robert Wood Johnson Foundation, Hennepin County, Minneapolis Public Schools, and increasing the level at which the City of Minneapolis funds WTG.

Children Ready to Begin School and Parent Involvement in Children's Learning and Education

- 97% of Frogtown parents indicated the center services benefitted their children, and 91% stated center services contributed to better preparing their children for school.
- In Winona during the second year of the WTG ESL family literacy program, there was an increase in the number of Hmong families who attended parent-teacher conferences, appointments, and school programs at the Winona elementary schools.

Change in Parent Knowledge, Attitudes, Expectations, Skills

- 99% of the parents participating in the St. Paul Frogtown Family Resource Center stated that the program was helpful to them as parents. Their program evaluation indicates that the center meets or exceeds all of its goals, providing parenting support and skills and basic education through home visits and the drop-in and parent education services at the center as well as helping 105 adults acquire basic skills through ESL and literacy classes.
- Interviews with parents participating in the Columbia Heights WTG program indicated increased knowledge about children and parenting, increased self-confidence, and more positive parenting behaviors after program involvement and recognition of the need to rear children in a non-abusive environment.

Increase in Constructive Social Networks to Decrease Social Isolation

- Parents in the St. Cloud WTG program regularly attend parent support groups where information about community resources is made available to them. Field trips and parties are a part of services provided, and participating families have formed friendships through WTG activities.
- The most frequently stated "most important thing" parents said they got from Frogtown WTG was the opportunity for networking with other parents to develop natural support systems for families.

Increase in Health and Developmental Screening and Use of Appropriate Health Services

- Winona WTG works closely with the county public health nurses in promoting immunization updates and child/teen checkups.
- The Minneapolis Near North WTG program offers on-site immunization clinics in cooperation with a community center. Near North staff worked with local social services agencies and North Star Elementary School, a north Minneapolis Public School primarily serving low-income children of color, to offer an immunization clinic for the 128 unimmunized young children in the school, 20 of whom lived in homes without telephones. Through WTG home visitor personal visits and provision of transportation, 98 of these children were immunized, including 12 of the 20 in homes without telephones. Minneapolis WTG is also offering developmental screening services for all infant and toddler program participants in cooperation with 348-TOTS to identify early warning signs of insufficient development that can be helped through early intervention.
- The Minneapolis WTG home visitors focus on expectant mothers through connecting them to prenatal care, offering educational activities about child development and food and nutrition, and lending support to the mother during birth. For example, of the 149 children born to Phillips neighborhood WTG program participants, 137 had healthy birth weights.
- Since the Columbia Heights WTG House became a prime site for Early Childhood Screening, the number of children screened has increased each of the past three years it has been in existence--from 202 to 216 to 288.

Lessons Learned

Way to Grow is clearly a flexible concept, not a model, that can be articulated and implemented in diverse ways depending upon community strengths and needs. Three years of Way to Grow program operation in five Minnesota communities provide extensive data on the program concept and what makes it work. The experiences of the five Way to Grow programs have highlighted larger system issues that go beyond what can be addressed by WTG. The following is a list of major lessons learned from the experiences of the five WTG programs dealing with both larger system issues and issues more specific to Way to Grow programming.

1. Community cooperation, coordination, and collaboration that build on the strengths of existing programs and work toward creation of a seamless system of services is essential. Emphasis needs to be placed on creating community systems of services versus separate new programs to address specific problems. Such systems need to emphasize linkages among health, education, and social services. Collaboratively creating these systems is a continuous process taking time, money, and special skills. WTG programs have been effective in facilitating such system development.

2. The mind set and beliefs underlying Way to Grow service delivery are very different from those of traditional service providers. Shifts in how to think about people, services, and service provision; the locus of problems; and power balance/imbalance issues need to happen and are happening in Way to Grow programs. Issues in these areas are systemic and often related to racism and classism. Identification and recognition of family strengths and building on these strengths through an empowerment mind set are central to the Way to Grow philosophy. Way to Grow alone cannot deal with these issues but can raise awareness of them in the process of implementing Way to Grow efforts.

3. Home visitation is a cost effective way of facilitating the process of bringing people together; home visitors can support families with young children in their efforts to connect with other people versus systems. Home visitation also contributes to violence prevention and reduction through provision of information and support to families, another cost-effective service of WTG.

4. Emphasis needs to be placed on building caring communities and natural support systems for families that focus on healthy interconnectedness, connecting people to people versus people to systems. Way to Grow helps families build and access natural support systems that assist them in providing for the healthy development of their children. There is a need for major systemic change in current formal systems in order for policies and practices to be more supportive of this kind of community.

5. Poverty is a major overarching issue currently affecting many WTG participants and limiting the potential of what can be done by WTG programs. Until poverty can be addressed in a substantive way, the full impact of what might be accomplished through the concept of WTG cannot be realized.

6. Interventions with families need to be designed in such a way that they last long enough for families to internalize new beliefs and feel empowered, but not of a duration likely to create dependency.

7. Paraprofessional and professional staff can work together as equals/as a team, learning from one another in the process. The paraprofessional is a significant, essential link between families and resources. Paraprofessionals can become community leaders, facilitators of community processes. Creating the training that builds on this relationship is complex and requires expertise and specific funding. Facilitation skills are especially critical to both professional and paraprofessional roles.

8. Sensitivity to the culture of neighborhood families is central to the success of WTG. It is particularly important to hire staff reflecting the community in which they work.

9. Community organizing that brings community people together for group decision making leads to community ownership of problems and problem solutions.

10. Funds allocated for the Way to Grow program concept can be used very effectively to leverage other funds for needed services for young children and their families.

11. Specific parent and early childhood education provided in appropriate formats at appropriate times need to be an integral part of WTG services.

12. WTG programs have functioned as a resource for identifying children needing health and developmental screening and follow-up. WTG home visitors increase access to needed screening.

13. WTG programs have been successful because of their identification and integration with other existing, credible structures in their communities. Four of the WTG programs are an extension of successful Early Childhood Family Education programs, and the Minneapolis WTG program is an integral part of the City of Minneapolis Youth Coordinating Board.

14. Funding is needed specifically for WTG program evaluation. The process and impact of home-based services, family resource centers, and the entire Way to Grow concept need extensive study.

Recommendations for Program Expansion and Future Funding

The list of lessons learned indicates that the funds used for the five pilot programs has been money well spent. The experiences of these programs have provided a wealth of information from which to make recommendations for "establishing successful way to grow programs in unserved areas of the state," as requested in the WTG statutes.

1. Maintain the Way to Grow concept; it has worked well. Include funding for training and evaluation to study and maintain the concept.

2. Provide a stable funding base for Way to Grow.

3. Consider combining the funding streams for Way to Grow, Learning Readiness, and Early Childhood Screening and make the combined funds available to serve all children and their families, prenatal to age six to meet specified outcomes. Request at least $20,000,000 for this combined effort. Use an aid-levy formula based on numbers of children, with school districts as the fiscal agent, allowing for contracting with other institutions and agencies, and providing the five existing programs continued funding. Indicate the portion of funds that can be used for Early Childhood Screening. Require local real or in-kind funding match.

4. Provide for flexibility in use of funding across boundaries of neighborhoods, school districts, cities, and counties because different services have different boundaries. Avoid over regulation or standardization. Flexibility for communities to operate a WTG program based on community needs is important.

5. Require collaboration, building on all existing relevant resources within and outside schools.

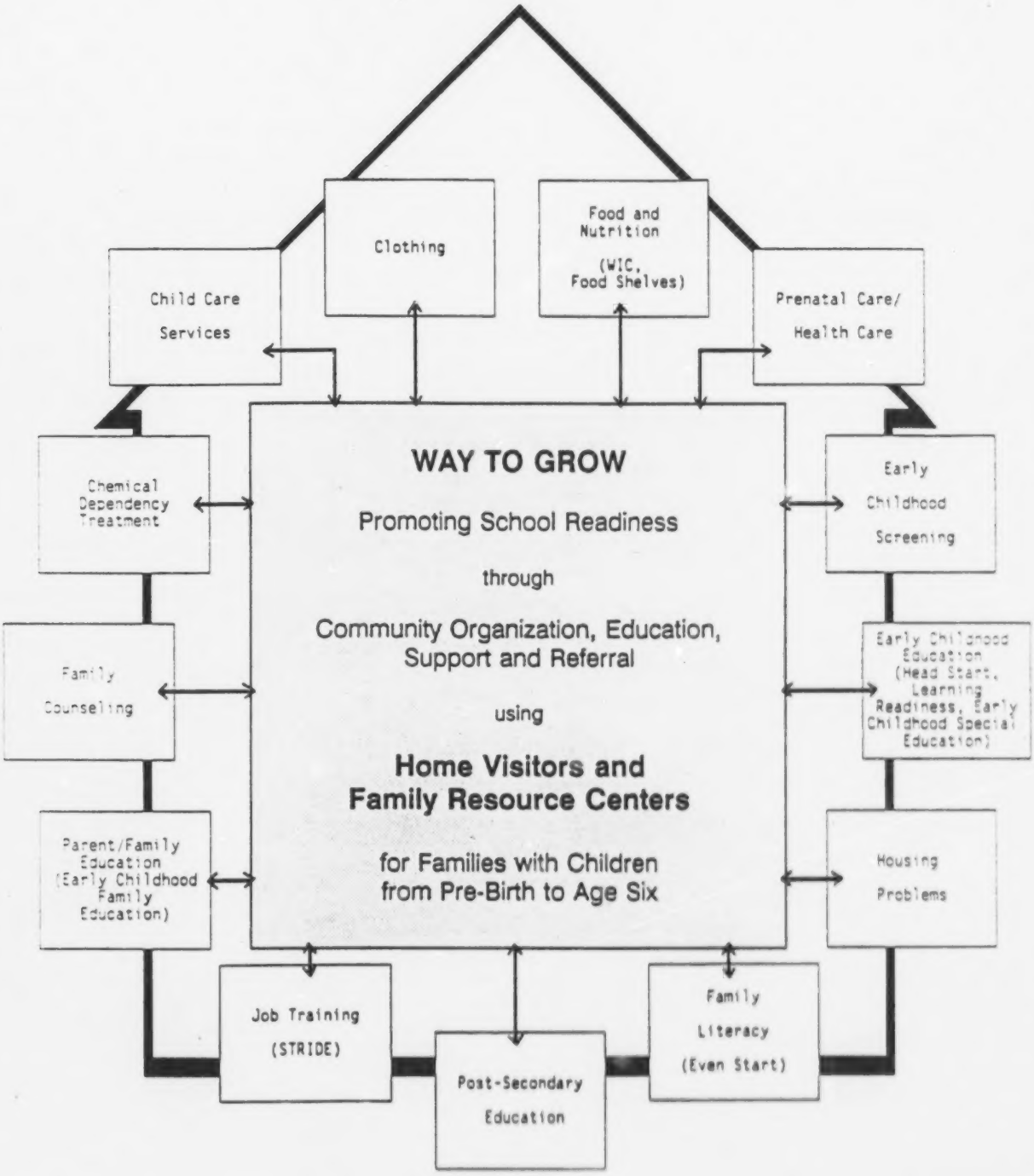
6. Create multidisciplinary advisory councils for each WTG program or build on existing multidisciplinary advisory councils in the community.

7. Attach WTG programs to existing well accepted state and community programs with a similar philosophical base such as Early Childhood Family Education/Community Education, public health, social services, etc. View WTG funds as a way to extend existing programs, providing or linking families to more comprehensive, intensive services as needed.

8. Start early, even prepregnancy.

9. Make WTG programs culturally appropriate and accessible to all people.

The number of families with young children characterized by a variety of risk factors continues to grow faster than the services available for effective prevention and risk reduction. To be most effective in terms of human potential and available public funding, prevention and intervention services need to be comprehensive, intensive, and made available as early as possible, preferably on a continuum which begins during pregnancy or just before. Close coordination and collaboration among health, education, and human service providers are required to design and deliver the comprehensive and intensive strategies that are most effective. WTG provides a strong incentive for collaborative efforts to address the health, education, and social services of young children and their families.


Clothing
Food and Nutrition (WIC, Food Shelves)
Child Care Services
Prenatal Care/ Health Care
WAY TO GROW
Promoting School Readiness
through
Community Organization, Education, Support and Referral
using
Home Visitors and Family Resource Centers
for Families with Children from Pre-Birth to Age Six
Chemical Dependency Treatment
Early Childhood Screening
Family Counseling
Early Childhood Education (Head Start, Learning Readiness, Early Childhood Special Education)
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Housing Problems
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